

Facility:
Date:
Surveyor:

Home Visit Observation/Interview Tool
Home Health Agency

Directions: Complete this information during a home visit.

Patient Name:	CCN Number:
Date: Time:	SOC Date:
Caregiver Name (if applicable):	Surveyor Name:
Discipline Observed:	

PROBES	YES	NO	NA	COMMENTS
Is patient rights information in the home, including written statement of financial liability, advance directives, complaint procedure, and home health hotline number?				
Does the patient and/or caregiver know whom to contact if they have a complaint?				
Has the patient and/or caregiver had any complaints? How did they pursue the complaint?				
Is there verbal or written evidence that the patient is aware of and participates in the plan of care and changes to the plan of care?				
Does the patient and/or caregiver know what disciplines are seeing them and the frequency of visits?				
Ask the patient and/or caregiver: "Is the care being provided as you were told it would be?"				

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PROBES	YES	NO	NA	COMMENTS
Are you concerned about problems that have not been addressed by the staff to your satisfaction?				
Ask the patient and/or caregiver if they have been instructed about medications, wound care, treatments, and safety.				
Do medications the patient is currently taking match those in the clinical record?				
Ask the patient and/or caregiver if they have there has been setbacks or problems during your episode of home care and has the agency addressed them.				
Does the agency provide a home health aide?				
How often does the home health aide come and what does he or she do?				
Has the agency met your needs?				
Are you satisfied with the care provided?				
During the Home Visit (HV), did the staff follow infection control guidelines, State Practice Act, and accepted nursing standards in providing care?				
During the HV, did the professional staff deliver care as ordered on the plan of care?				
During the HV, did the aide provide care according to the aide assignment?				